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Bib Data Sheet

CONFIRMATION NO. 7834

SERIAL NUMBER 10/696,551	FILING DATE 10/30/2003  RULE	CLASS 119	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. P66483US1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/949,900 09/12/2001 ABN

Yes STN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None STN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>STN</u> Initials _____	STATE OR  COUNTRY MD	SHEETS  DRAWING 41	TOTAL  CLAIMS 20	INDEPENDENT  CLAIMS 3
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## ADDRESS

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## TITLE

Automated egg injection machine and high precision delivery therefor

FILING FEE

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450

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